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8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. *2013-831*

13 **KAVITA JOANNA NOBLE**  
14 **aka KAVITA J. NOBLE**  
**18166 Fern Avenue**  
**Los Gatos, CA 95030**

**ACCUSATION**

15 **Registered Nurse License No. 515340**  
16 **Nurse Midwife Certificate No. 1271**  
17 **Nurse Practitioner Certificate No. 9376**  
18 **Nurse Practitioner Furnishing Certificate**  
19 **No. 9376**

Respondent.

20 Complainant alleges:

21 **PARTIES**

22 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her  
23 official capacity as the Executive Officer of the Board of Registered Nursing, Department of  
24 Consumer Affairs.

25 2. On or about August 31, 1985, the Board of Registered Nursing issued Registered  
26 Nurse License No. 515340 to Kavita Joanna Noble, aka Kavita J. Noble ("Respondent"). The  
27 Registered Nurse License was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on September 30, 2013, unless renewed.

1           3.     On or about September 21, 1997, the Board of Registered Nursing issued Nurse  
2 Midwife Certificate No. 1271 to Respondent. The Nurse Midwife Certificate was in full force  
3 and effect at all times relevant to the charges brought herein and will expire on September 30,  
4 2013, unless renewed.

5           4.     On or about September 21, 1997, the Board of Registered Nursing issued Nurse  
6 Practitioner Certificate No. 9376 to Respondent. The Nurse Practitioner Certificate was in full  
7 force and effect at all times relevant to the charges brought herein and will expire on September  
8 30, 2013, unless renewed.

9           5.     On or about July 8, 1998, the Board of Registered Nursing issued Nurse Practitioner  
10 Furnishing Certificate No. 9376 to Respondent. The Nurse Practitioner Furnishing Certificate  
11 was in full force and effect at all times relevant to the charges brought herein and will expire on  
12 September 30, 2013, unless renewed.

#### 13                                   JURISDICTION

14           6.     This Accusation is brought before the Board of Registered Nursing ("Board"),  
15 Department of Consumer Affairs, under the authority of the following laws. All section  
16 references are to the Business and Professions Code unless otherwise indicated.

17           7.     Section 2750 of the Business and Professions Code ("Code") provides, in pertinent  
18 part, that the Board may discipline any licensee, including a licensee holding a temporary or an  
19 inactive license, for any reason provided in Article 3 (commencing with section 2750) of the  
20 Nursing Practice Act.

21           8.     Section 2764 of the Code provides, in pertinent part, that the expiration of a license  
22 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the  
23 licensee or to render a decision imposing discipline on the license.

24           9.     Section 118, subdivision (b), of the Code provides that the  
25 suspension/expiration/surrender/cancellation of a license shall not deprive the Board of  
26 jurisdiction to proceed with a disciplinary action during the period within which the license may  
27 be renewed, restored, reissued or reinstated.

28     ///

RELEVANT DISCIPLINARY STATUTES AND REGULATIONS

10. Section 2761 of the Code [**Grounds for action**] states:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

...

"(d) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter [the Nursing Practice Act] or regulations adopted pursuant to it.

...

11. Section 2762 of the Code [**Drug-related transgressions**] states:

"In addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:

"(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, . . . any dangerous drug or dangerous device as defined in Section 4022.

..."

12. Section 2725 of the Code [**Legislative intent; Practice of nursing defined**] states:

"(a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or

1 community health services.

2 “(b) The practice of nursing within the meaning of this chapter [The Nursing Practice Act]  
3 means those functions, including basic health care, that help people cope with difficulties in daily  
4 living that are associated with their actual or potential health or illness problems or the treatment  
5 thereof, and that require a substantial amount of scientific knowledge or technical skill, . . . .

6 “(c) ‘Standardized procedures,’ as used in this section, means either of the following:

7 “(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2  
8 (commencing with Section 1250) of Division 2 of the Health and Safety Code through  
9 collaboration among administrators and health professionals including physicians and nurses.

10 “(2) Policies and protocols developed through collaboration among administrators and  
11 health professionals, including physicians and nurses, by an organized health care system which  
12 is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of  
13 Division 2 of the Health and Safety Code.

14 “The policies and protocols shall be subject to any guidelines for standardized procedures  
15 that the Division of Licensing of the Medical Board of California and the Board of Registered  
16 Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the  
17 Board of Registered Nursing.

18 “(d) Nothing in this section shall be construed to require approval of the standardized  
19 procedures by the Division of Licensing of the Medical Board of California, or by the Board of  
20 Registered Nursing.

21 “(e) No state agency other than the board may define or interpret the practice of nursing  
22 for those licensed pursuant to the provisions of this chapter, or develop standardized procedures  
23 or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required  
24 under state or federal statute. “State agency’ includes every state office, officer, department,  
25 division, bureau, board, authority, and commission.

26 13. California Code of Regulations, title 16, section 1474 [**Standardized Procedure**  
27 **Guidelines**] states:

28 “Following are the standardized procedure guidelines jointly promulgated by the Medical

Board of California and by the Board of Registered Nursing:

“(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

“(b) Each standardized procedure shall:

“(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

“(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

“(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

“(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

“(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

“(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

“(7) Specify the scope of supervision required of performance of standardized procedure functions, for example, immediate supervision by a physician.

“(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient’s physician concerning the patient’s condition.

“(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

“(10) Specify patient record keeping requirements.

“(11) Provide for a method of periodic review of the standardized procedures.”

14. Section 2746.5 of the Code [**Authority conferred by (nurse-midwifery) certificate; Required supervision**] states:

“(a) The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to

1 provide prenatal, intrapartum, and post-partum care, including family-planning care, for the  
2 mother, and immediate care for the newborn.

3 “(b) As used in this chapter, the practice of nurse-midwifery constitutes the furthering or  
4 undertaking by any certified person, under the supervision of a licensed physician and surgeon  
5 who has current practice or training in obstetrics, to assist a woman in childbirth so long as  
6 progress meets criteria accepted as normal. All complication shall be referred to a physician  
7 immediately. The practice if nurse-midwifery does not include the assisting of childbirth by any  
8 artificial, forcible, or mechanical means, nor the performance of any version.

9 “(c) As used in this article, ‘supervision’ shall not be construed to require the physical  
10 presence of the supervising physician.

11 “(d) A certified nurse-midwife is not authorized to practice medicine and surgery by the  
12 provisions of this chapter.

13 ...”

14 15. Section 2746.51 of the Code [**When nurse-midwife may furnish drugs or devices**]  
15 states:

16 “(a) Neither this chapter nor any other provision of law shall be construed to prohibit a  
17 certified nurse-midwife from furnishing or ordering drugs or devices, . . . when all of the  
18 following apply:

19 ...

20 “(2) The drugs or devices are furnished or ordered by a certified nurse-midwife  
21 in accordance with standardized procedures or protocols. For purposes of this section,  
22 standardized procedure means a document, including protocols, developed and approved by the  
23 supervising physician and surgeon, the certified nurse-midwife, and the facility administrator or  
24 his or her designee. The standardized procedure covering the furnishing or ordering of drugs or  
25 devices shall specify all of the following:

26 “(A) Which certified nurse-midwife may furnish or order drugs or devices.

27 “(B) Which drugs or devices may be furnished or ordered and under what  
28 circumstances.

“(C) The extent of physician and surgeon supervision.

“(D) The method of periodic review of the certified nurse-midwife’s competence, including peer review, and review of the provisions of the standardized procedure.

• • •

“(4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. . . . Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

“(A) Collaboration on the development of the standardized procedure or protocol.

“(B) Approval of the standardized procedure or protocol.

“(C) Availability by telephonic contact at the time of patient examination by the certified nurse-midwife.

”  
• • •

16. Section 2746.52 of the Code [**Authority to perform episiotomies and repair lacerations of perineum**] states:

“Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, and a licensed alternative birth center, as defined in paragraph (4) of subdivision (b) of Section 1204 of the Health and Safety Code, but only if all of the following conditions are met:

“(a) The supervising physician and surgeon and any backup physician and surgeon is credentialed to perform obstetrical care in the facility.

“(b) The episiotomies are performed pursuant to protocols developed and approved by all of the following:

"(1) The supervising physician and surgeon.

“(2) The certified nurse-midwife.

1       “(3) The director of the obstetrics department or the director of the family practice  
2 department, or both, if a physician and surgeon in the obstetrics department or the family practice  
3 department is a supervising physician and surgeon, or an equivalent person if there is no

4 specifically identified obstetrics department or family practice department.

5       “(4) The interdisciplinary practices committee, if applicable.

6       “(c) The protocols, and the procedures which shall be developed pursuant to the protocols,  
7 shall relate to the performance and repair of episiotomies and the repair of first-degree and  
8 second-degree lacerations of the perineum, and shall do all of the following:

9       “(1) Ensure that all complications are referred to a physician and surgeon immediately.

10       “(2) Ensure immediate care of patient who are in need of care beyond the scope of  
11 practice of the certified nurse midwife, or emergency care for times when the supervising  
12 physician and surgeon is not on the premises.

13       “(3) Establish the number of certified nurse-midwives that a supervising physician and  
14 surgeon may supervise.”

15       17. Section 2836.1 of the Code [**Furnishing or ordering drugs or devices by nurse**  
16 **practitioners**] states:

17       “Neither this chapter nor any other provision of law shall be construed to prohibit a nurse  
18 practitioner from furnishing or ordering drugs or devices when all of the following apply:

19       “(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance  
20 with standardized procedures or protocols developed by the nurse practitioner and the supervising  
21 physician and surgeon, when the drugs or devices furnished or ordered are consistent with the  
22 practitioner’s educational preparation or for which clinical competency has been established and  
23 maintained.

24       “(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined  
25 by Section 2725, or protocol. The standardized procedure or protocol shall be developed and  
26 approved by the supervising physician and surgeon, the nurse practitioner, and the facility  
27 administrator or the designee.

28       “(c)(1) The standardized procedure or protocol covering the furnishing of drugs or devices



1 shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or  
2 devices may be furnished or ordered, under what circumstances, the extent of physician and  
3 surgeon supervision, the method of periodic review of the nurse practitioner's competence,  
4 including peer review, and the review of the provisions of the standardized procedure.

5 . . .

6 “(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under  
7 physician and surgeon supervision. Physician and surgeon supervision shall not be construed to  
8 require the physical presence of the physician, but does include (1) collaboration on the  
9 development of the standardized procedure, (2) approval of the standardized procedure, and  
10 (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

11 . . .”

12 18. Section 2836.2 of the Code [**What constitutes furnishing or ordering of drugs or**  
13 **devices**] states:

14 “Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act  
15 of making a pharmaceutical agent or agents available to the patient in strict accordance with a  
16 standardized procedure. . . .”

17 19. Section 2726 of the Code [**Unauthorized practice**] states:

18 “Except as otherwise provided herein, this chapter confers no authority to practice medicine  
19 or surgery.”

#### 20 COST RECOVERY

21 20. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
22 administrative law judge to direct a licentiate found to have committed a violation or violations of  
23 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
24 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being  
25 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
26 included in a stipulated settlement.

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1 DRUGS

2 21. Aquamephyton is a man-made form of Vitamin K, a medication that can be  
3 administered orally or by way of injection to a newborn as a prophylaxis to prevent bleeding  
4 problems. It is available only by prescription and is classified as a dangerous drug pursuant to  
5 Business and Professions Code section 4022.

6 22. Erythromycin ophthalmic ointment is an antibiotic used to treat and/or prevent  
7 specific eye infections including those contracted by a newborn infant. It is available only by  
8 prescription and is classified as a dangerous drug pursuant to Business and Professions Code  
9 section 4022.

10 23. Lidocaine is an anesthetic drug that can be administered by injection to numb an area  
11 of the body. As an injection, it is available only by prescription and is classified as a dangerous  
12 drug pursuant to Business and Professions Code section 4022.

13 24. Methergine is a semi-synthetic ergot alkaloid used for the prevention and control of  
14 postpartum hemorrhage. The medication is available only by prescription and is classified as a  
15 dangerous drug pursuant to Business and Professions Code section 4022.

16 25. Pitocin is the trade name for Oxytocin. The medication is available only by  
17 prescription and is used to stimulate labor contractions and/or to control uterine bleeding after  
18 delivery. It is classified as a dangerous drug pursuant to Business and Professions Code section  
19 4022.

20 26. RhoGam is an injection given to women who are Rh negative to prevent the  
21 formation of antibodies to Rh positive blood. It is given during the course of prenatal care and as  
22 indicated within 72 hours post delivery. It is available only by prescription and is classified as a  
23 dangerous drug pursuant to Business and Professions Code section 4022.

24 STATEMENT OF FACTS

25 27. In mid-November 2008, Respondent met with Patient K.J. ("K.J."), who was  
26 pregnant with her second child and wanted a home delivery. On or about November 18, 2008,  
27 Respondent assumed the prenatal care of K.J.

28 28. On December 25, 2008, K.J. phoned Respondent at 3:00 p.m., to report that her

1 water had broken. At approximately 4:20 p.m., Respondent arrived at K.J.'s home in Mountain  
2 View, California and determined that K.J. was in active labor. Since Respondent had another  
3 patient in labor, she called her nurse-midwife colleague Yelena Kolodji ("Kolodji"), and asked  
4 her to provide back-up care until she was able to return to K.J.'s residence. Kolodji arrived at  
5 K.J.'s residence at approximately 6:00 p.m., and assumed the labor management of K.J.

6 29. Respondent returned to K.J.'s home at approximately 8:00 p.m. K.J. delivered a  
7 male at 9:15 p.m., on December 25, 2008. Due to heavy bleeding Respondent gave an  
8 intramuscular injection of Pitocin to K.J. Respondent estimated that K.J. had a blood loss of 700  
9 milliliters.<sup>1</sup>

10 30. K.J. had a second degree perineal laceration which Respondent offered to repair.

11 31. Respondent administered Erythromycin ophthalmic ointment to the eyes of K.J.'s  
12 newborn son and gave him an oral 2 milligram dose of Vitamin K.

13 32. Respondent left K.J.'s residence at approximately 1:45 a.m., on December 26, 2008.  
14 Later in the morning, Respondent received a telephone call from K.J.'s husband reporting that she  
15 was "in and out of consciousness." K.J. was transferred by ambulance to El Camino Hospital,  
16 Mountain View, California. She was admitted and given two (2) units of packed red bloods cells,  
17 based on a diagnosis of post-partum hemorrhage.

18 33. Respondent was not under the supervision of a licensed physician and surgeon during  
19 the time that she provided prenatal, intrapartum and postpartum care and treatment to K.J., and  
20 newborn care and treatment to her infant.

21 34. Respondent was not practicing under standardized procedures during the time that she  
22 provided prenatal, intrapartum and postpartum care and treatment to K.J., and newborn care to  
23 her infant.

24 35. Since 2000, Respondent has operated a home birth practice based in Los Gatos,  
25 California, providing prenatal intrapartum, postpartum care and treatment to women and newborn  
26 care to their infants. Respondent's home birth practice also includes, but is not limited to the

27 \_\_\_\_\_  
28 <sup>1</sup> The average blood loss for a vaginal delivery is up to 500 milliliters.

1 repair of perineal lacerations with as needed administration of Lidocaine by injection,  
2 administration to a newborn of Aquamephyton orally or intramuscularly and Erythromycin  
3 ophthalmic ointment. Respondent's practice also includes the administration of Pitocin and/or  
4 Methergine intramuscularly to women for indications of postpartum uterine atony, and an  
5 injection of RhoGam 72 hours post delivery for Rh negative women as indicated.

6 36. Since 2000, Respondent has operated a home birth practice providing prenatal,  
7 intrapartum and postpartum care and treatment to women and newborn care to their infants  
8 without the supervision of a licensed physician and surgeon and/or without standardized  
9 procedures.

#### 10 FIRST CAUSE FOR DISCIPLINE

11 (Unprofessional Conduct - Delivery of Care to K.J. and Newborn  
12 Without Physician Supervision)

13 37. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
14 pursuant to Code section 2761, subdivision (d), as defined in section 2746.5, in that she provided  
15 prenatal, intrapartum and postpartum care to K.J., and newborn care to her infant without being  
16 supervised by a licensed physician and surgeon. The facts in support of this cause for discipline  
17 are set forth above in paragraphs 27 through 33.

#### 18 SECOND CAUSE FOR DISCIPLINE

19 (Unprofessional Conduct - Delivery of Care to K.J. and Newborn  
20 Without Standardized Procedures)

21 38. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
22 pursuant to Code section 2761, subdivision (d), as defined in section 2725, subdivisions (c) and  
23 (e), and California Code of Regulations, title 16, section 1474, in that she provided prenatal,  
24 intrapartum and postpartum care to K.J., and newborn care to her infant without standardized  
25 procedures. The facts in support of this cause for discipline are set forth above in paragraphs 27  
26 through 34.

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1 THIRD CAUSE FOR DISCIPLINE

2 (Unprofessional Conduct - Plan to Repair K.J.'s Perineal Laceration  
3 Without Physician Supervision and Without Standardized Procedures)

4 39. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
5 pursuant to Code section 2761, subdivision (d), as defined in section 2746.52, 2725, subdivisions  
6 (c) and (e), and California Code of Regulations, title 16, section 1474, in that she offered and  
7 planned to repair K.J.'s second degree perineal laceration without being supervised by a licensed  
8 physician and surgeon and without standardized procedures. The facts in support of this cause for  
9 discipline are set forth above in paragraphs 30, 33 and 34.

10 FOURTH CAUSE FOR DISCIPLINE

11 (Unprofessional Conduct - Administration of Medications to K.J. and  
12 Newborn Without Physician Supervision)

13 40. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
14 pursuant to Code section 2761, subdivision (d), 2746.51, 2836.1, 2836.2 and 2762, subdivision  
15 (a), in that she administered prescribed medications to K.J. and her newborn, without physician  
16 supervision. The facts in support of this cause for discipline are set forth above in paragraphs 29,  
17 31 and 33.

18 FIFTH CAUSE FOR DISCIPLINE

19 (Administration of Medications to K.J. and Her Newborn  
20 Without Standardized Procedures)

21 41. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
22 pursuant to Code section 2761, subdivision (d), 2725, subdivisions (c) and (e), 2746.51, 2836.1  
23 and California Code of Regulations, title 16, section 1474, that she administered prescribed  
24 medications to K.J. and her newborn, without standardized procedures. The facts in support of  
25 this cause for discipline are set forth above in paragraphs 29, 31 and 34.

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1 SIXTH CAUSE FOR DISCIPLINE

2 (Practice of Medicine Without a License in Delivery of Care to K.J. and her Newborn)

3 42. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
4 pursuant to Code sections 2761, subdivision (d), 2746.5, subdivision (d) and 2726, in that her  
5 provision of prenatal, intrapartum and postpartum care to K.J. and newborn care to her infant  
6 without physician supervision and without standardized procedures constituted practicing  
7 medicine without a license. The facts in support of this cause for discipline are set forth above in  
8 paragraphs 27 through 33.

9 SEVENTH CAUSE FOR DISCIPLINE

10 (Unprofessional Conduct - Home Birth Practice Without Physician Supervision)

11 43. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
12 pursuant to Code section 2761, subdivision (d), as defined in section 2746.5, 2746.51, and  
13 2746.52, in that since 2000, she has provided prenatal, intrapartum and postpartum care to women  
14 and newborn care to their infants without being supervised by a licensed physician and surgeon.  
15 The facts in support of this cause for discipline are set forth above in paragraphs 27 through 36.

16 EIGHTH CAUSE FOR DISCIPLINE

17 (Unprofessional Conduct – Home Birth Practice Without Standardized Protocols)

18 44. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
19 pursuant to Code section 2761, subdivision (d), as defined in section 2725, subdivisions (c) and  
20 (e), 2746.51, 2746.52, and California Code of Regulations, title 16, section 1474, in that since  
21 2000, she has provided prenatal, intrapartum and postpartum care to women and newborn care to  
22 their infants without standardized procedures. The facts in support of this cause for discipline are  
23 set forth above in paragraphs 27 through 36.

24 NINTH CAUSE FOR DISCIPLINE

25 (Practice of Medicine Without a License Since 2000)

26 45. Respondent is subject to disciplinary action for violation of the Nurse Practice Act  
27 pursuant to Code sections 2761, subdivision (d), 2746.5, subdivision (d) and 2726, in that since  
28 2000, she has provided prenatal, intrapartum and postpartum care to pregnant women and

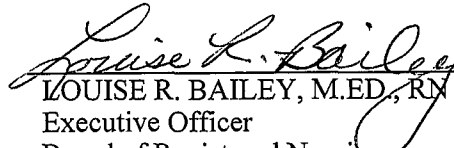
newborn care to their infants without physician supervision and without standardized procedures.  
The facts in support of this cause for discipline are set forth above in paragraphs 27 through 36.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License No. 515340, issued to Kavita Joanna Noble, aka Kavita J. Noble;
2. Revoking or suspending Nurse Midwife Certificate No. 1271, issued to Kavita Joanna Noble, aka Kavita J. Noble;
3. Revoking or suspending Nurse Practitioner Certificate No. 9376, issued to Kavita Joanna Noble, aka Kavita J. Noble;
4. Revoking or suspending Nurse Practitioner Furnishing Certificate No. 9376, issued to Kavita Joanna Noble, aka Kavita J. Noble;
5. Ordering Kavita Joanna Noble, aka Kavita J. Noble to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
6. Taking such other and further action as deemed necessary and proper.

DATED: MARCH 27, 2013

  
LOUISE R. BAILEY, M.ED., RN  
Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
Complainant

SF2012403412